

DUE DATE:

Please Read Instructions:

TRANSCRIPT ORDER

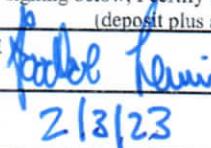
1. NAME Goodloe T. Lewis			2. PHONE NUMBER (662) 234-4000	3. DATE 2/2/2023
4. DELIVERY ADDRESS OR EMAIL P.O. Drawer 668 (glewis@hickmanlaw.com)			5. CITY Oxford	6. STATE MS
8. CASE NUMBER 3:21CR107	9. JUDGE Sharion Aycock	DATES OF PROCEEDINGS 10. FROM 1/31/2023 11. TO 1/31/2023		
12. CASE NAME US v. Jamarr Smith, et al.			LOCATION OF PROCEEDINGS 13. CITY Oxford 14. STATE MS	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		Todd Matney	1/31/2023
<input type="checkbox"/> OPENING STATEMENT (Defendant)		Stephen Matthews	1/31/2023
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	141	599.25
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	599.25

18. SIGNATURE 	PROCESSED BY			
19. DATE 2/3/23	PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY		COURT ADDRESS		
ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	599.25
TRANSCRIPT RECEIVED			LESS DEPOSIT	599.25
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	599.25

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ORDER RECEIPT

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